PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/697,083			ing Date 31/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛			OTHER THAN OR SMALL ENTITY		
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A	LD NO.	N/A		N/A	TLE (0)	i	N/A	TLE (0)	
┢	SEARCH FEE	JT (C))	N/A		N/A		N/A		1	N/A		
H	(37 CFR 1.16(k), (i), (ii)		N/A	_	N/A		N/A		ł	N/A		
	(37 CFR 1.16(o), (p), (FAL CLAIMS	(p) 10	minus 20 =				x \$ =		OR	x s =		
IND	CFR 1.16(i)) EPENDENT CLAIM	s	minus 3 = *				x s =			x s =		
(37	CFR 1.16(h))	If the	If the specification and dra		frawings exceed 100		~ *		ł	<u> </u>		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	n size fee due								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								1	TOTAL		
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
LN:		CLAIMS		HIGHEST		1 1				r		
	10/08/2009	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ĭ	Total (37 CFR 1.18())	• 20	Minus	+ 20	= 0		X \$26 =	0	OR	x s =		
AMENDMENT	Independent (37 CFR 1,16(h))	• 8	Minus	***8	= 0	1	X \$110 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.1601)		Minus	**	=	i	x \$ =		OR	x s =		
Š	Independent (37 CFR 1.16(h))		Minus	***	=	1	x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))								1			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR			
									OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1.												

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